



PURPOSE

- I. Provide guidance to EMS personnel regarding trauma triage decisions.

POLICY

**I. TRAUMA TRIAGE DECISION SCHEME**

A. Physiologic Criteria:

- 1. GCS  $\leq$  13 with mechanism attributed to trauma
- 2. Adult:               Systolic BP  $<$  90 mm Hg
- 3. Pediatric:       Systolic BP  $<$  80 mm Hg – Age 7-15  
                          Systolic BP  $<$  70 mm Hg – Age  $<$ 7
- 4. Respiratory compromise (assisted ventilations, obstruction, advanced airway)

B. Anatomic Injury Factors:

- 1. Open or depressed skull fracture.
- 2. Penetrating injury to head, neck, torso, abdomen, pelvis, groin, or extremities proximal to elbow or knee.
- 3. Evidence of two or more proximal long-bone fractures (femur, humerus).
- 4. Pelvic fracture.
- 5. Traumatic amputation proximal to wrist or ankle.
- 6. Flail chest.
- 7. Traumatic paralysis.
- 8. Major burns (2<sup>nd</sup> and/or 3<sup>rd</sup> degree burns  $\geq$  15% BSA) associated with trauma.
- 9. Traumatic pulseless extremity.
- 10. EMS Provider discretion.

C. Mechanism of Injury

- 1. Ejection from a vehicle, (e.g., auto, jet-ski, motorcycle)  $\geq$  20 mph.
- 2. Auto vs. pedestrian or bicycle with greater than 5mph impact.
- 3. MVC, with any of the following:
  - a.  $\geq$  40 mph head-on or side-impact, or;
  - b. Rollover, or;
  - c. Death of occupant in same vehicle.
  - d. Extrication time  $\geq$  20 minutes.
- 4. Fall  $\geq$  10 feet.

5. Significant blunt trauma with any of the following:
  - a. Age < 5 or ≥ 70.
  - b. Pregnancy.
  - c. Bleeding disorder or anticoagulants.
  - d. Inability to communicate, (e.g., language, psychological and/or substance impairment).
6. EMS personnel discretion.

## II. SPECIAL CONSIDERATIONS

- A. Patients with the following conditions should be considered for transport to an out-of-county specialty center per the Napa County EMS Agency [Administrative Policy 501, Patient Destination](#).
  1. Pediatric patients (patients < 15 years old) who meet the trauma triage criteria shall be transported directly to the most appropriate pediatric trauma receiving center.
  2. Major / Critical Burns are encouraged to be transported directly to the most appropriate Burn Center.
  3. Base hospital contact is required in these instances and EMS aircraft should be considered.